



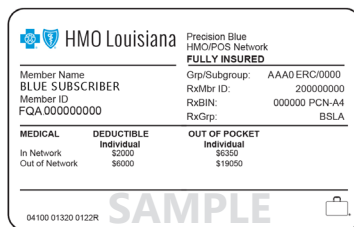
This guide will help you quickly locate key information about the Precision Blue Network. The Precision Blue Network consists of a select group of physicians, hospitals and other allied providers. Some Precision Blue providers are contracted for limited services only. Please refer Precision Blue members to providers within the network to ensure they receive the highest level of benefits.

**NOTE: Benefit plans in this network vary. Please verify member benefits before rendering services.**

Additional information is available in the *Professional Provider Office Manual*, which is available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) > Resources.

### Precision Blue Member ID Card

Prefix: FQA, FQT or FQW



Precision Blue members are identifiable by the HMO Louisiana, Inc. logo and Precision Blue Network name printed on the member ID card. Precision Blue members must select a primary care provider.

Tiered benefits apply to members of Precision Blue. More details about this coverage can be found in iLinkBlue.

### Submitting Claims

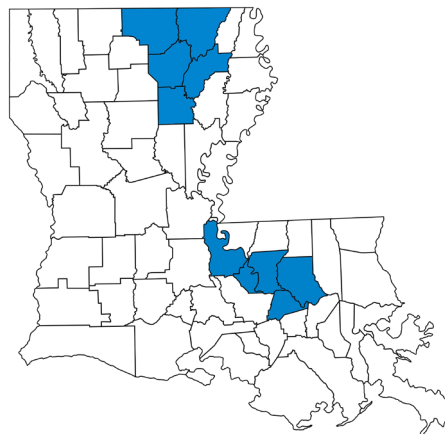
#### Electronically:

- iLinkBlue (CMS-1500 only)
- Clearinghouses

#### Hardcopy:

HMO Louisiana  
P.O. Box 98029  
Baton Rouge, LA 70898-9029

### Service Areas for the Precision Blue Network



#### Baton Rouge Area

- Ascension
- East Baton Rouge
- Livingston
- Pointe Coupee
- West Baton Rouge

#### Greater Monroe/West Monroe Area

- Caldwell
- Morehouse
- Ouachita
- Richland
- Union

### Maternity Admissions

Maternity admissions do not require authorization if the inpatient stay is 48 hours or less for vaginal delivery and 96 hours or less for caesarean section delivery. The member receives the highest level of benefits when services are performed at a Precision Blue facility.

### Admitting Privileges

*Members receive a lower level of benefits when using a facility that is not in the Precision Blue Network.*

Providers—who are required to have admitting privileges—must have admitting privileges to at least one in-network hospital to be a part of the Precision Blue Network.

A list of in-network hospitals for Precision Blue is included on the back of this guide.

### Lab Requirements

Please refer to the *HMO Louisiana, Inc. Preferred Reference Lab Guide* for information about this network’s Lab Program, including:

- A list of preferred labs
- A list of codes that may be performed in a Clinical Laboratory Improvement Amendments (CLIA)-certified office
- Information about how to bill a handling fee for lab tests

**Please refer to the *HMO Louisiana, Inc. Network Speed Guide* for more information on the following topics:**

- **Provider Responsibilities**
- **PCP Office Responsibilities**
- **Physician Services**

## Services That Require Prior Authorization

Blue Cross does not accept authorization requests via phone or fax with the exception of transplants, dental services covered under medical and most out-of-state services. Providers must submit prior authorization requests, including new and extension authorizations, through our online BCBSLA Authorizations application. This application is available on iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)), located under the "Authorizations" menu option.

Penalties may apply for failure to obtain prior authorization. Full details are in our provider manuals, available at [www.bcbsla.com/providers](http://www.bcbsla.com/providers), then click on "Resources."

\* Prior authorization requests for these services may be completed online through the Carelon MBM Provider Portal on iLinkBlue.

\*\* Behavioral health services are authorized through the Lucet WebPass Portal by clicking the "Behavioral Health Authorizations" link.

- Air Ambulance – Non-emergency (no benefit without prior authorization)
- Applied Behavior Analysis\*\*
- Arterial Ultrasound\*
- Arthroscopy and Open Procedures (shoulder & knee)\*
- Bone Growth Stimulator
- Cardiac Rehabilitation
- Cellular Immunotherapy (no benefit without written authorization)
- Coronary Arteriography\*
- CT Scans\*
- Day Rehabilitation Programs
- Durable Medical Equipment (greater than \$300)
- Electric & Custom Wheelchairs
- Gene Therapy (no benefit without written authorization)
- Genetic and Molecular Testing
- Hearing Aids age 18 & older (no benefit without prior authorization)
- Hip Arthroscopy\*
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over \$2,000 (including but not limited to defibrillators)
- Infusion Therapy – includes home and facility administration (exception: not required when performed in an office, the drug to be infused may require authorization)
- Inpatient Hospital Services (except routine maternity stays)\*\*
- Intensive Outpatient Programs\*\*
- Interventional Spine Pain Management\*
- Joint Replacement (hip, knee & shoulder)\*
- Low-protein Food Products
- Meniscal Allograft Transplantation of the Knee\*
- MRI/MRA\*
- Nuclear Cardiology\*
- Oral Surgery (not required when performed in an office)
- Orthotic Devices greater than \$300
- Partial Hospitalization Programs\*\*
- Percutaneous Coronary Interventions such as Coronary Stents and Balloon Angioplasty\*
- PET Scans\*
- Certain Prescription Drugs – the complete list of drugs requiring an authorization is available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Pharmacy
- Private Duty Nursing
- Prosthetic Appliances
- Pulmonary Rehabilitation
- Radiation Therapy for Oncology\*
- Residential Treatment Centers
- Resting Transthoracic Echocardiography\*
- Sleep Apnea Diagnostics and Titration (home sleep test [HST], polysomnograms [PSG], multiple sleep latency testing [MSLT], maintenance of wakefulness testing [MWT], positive airway pressure titration studies)\*
- Sleep Apnea Treatment (automatic positive airway pressure [APAP] therapy, continuous positive airway pressure [CPAP] therapy, bilevel, or variable, positive airway pressure [BPAP] therapy. Includes all supplies related to these devices, oral appliance therapy and hypoglossal nerve stimulation therapy.)\*
- Spine Surgery\*
- Stress Echocardiography\*
- Surgical Treatment of Erectile Dysfunction (including penile implants) (if benefits available)
- Temporomandibular Joint Syndrome (TMJ) Surgical Treatment
- Transesophageal Echocardiography\*
- Transplant Evaluation & Transplants (no benefit without written authorization)
- Treatment of Osteochondral Defects\*
- Vacuum Assisted Wound Closure Therapy

## In-network Hospitals

The hospitals listed below are included in the Precision Blue Network:

### Greater Baton Rouge:

- Our Lady of the Lake Regional Medical Center
- Our Lady of the Lake Children's Hospital
- Our Lady of the Lake Ascension
- Our Lady of the Lake Livingston
- Our Lady of the Lake Physician Group
- Mary Bird Perkins Center
- Lake After Hours and Urgent Care
- Lake Imaging Center
- Lake Surgery Center
- Baton Rouge Physical Therapy-Lake
- Surgical Specialty Center of Baton Rouge
- Pinnacle Home Health
- Pinnacle Hospice
- The Baton Rouge Clinic
- Louisiana Women's Healthcare
- Woman's Hospital

### Greater Monroe/West Monroe:

- Affinity Health Group
- St. Francis Medical Center
- Monroe Surgical Center

Find a full list of provider support contacts online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Provider Networks >Provider Support.